

Rollover Request Form



Self Managed Superannuation

Complete this form in BLACK PEN and CAPITAL LETTERS and mark boxes with a [X].
If you have any questions on how to complete this form contact SuperNation on 1300 884 509.

**RETURN COMPLETED FORM TO: SuperNation Fund Administration Pty Ltd
PO Box 5889, Gold Coast MC, Qld 9726**

1. Member Details

Title	Given name(s)		
<input type="text"/>	<input type="text"/>		
Surname			
<input type="text"/>			
Address			
<input type="text"/>			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Current Superannuation Fund Rollover Details

Please provide details of your current superannuation fund from where fund will be rolled over.

Rollover institution / fund name

ABN AND SPIN or Recipient's account number

AND

Postal address

Suburb State Postcode

3. Fund Details

Please indicate below the fund name and/or the fund account number.

Fund name ("the Fund")

ABN

Please rollover from my fund:

the entire benefit or,

a partial amount of: \$ •

3. Fund Details (continued)

Direct Credit Details

Name of Australian financial institution

Branch name or address

Account name

Branch number (BSB)

-

Account number

OR

Make a cheque payable to:

4. Declaration and Signature

I authorise the trustee and/or administrator of my current superannuation fund to release information on my account to SuperNation Self Managed Super.

Print name of Member

Date

Signature of Member